

MONTANA BOARD OF MEDICAL EXAMINERS  
PO Box 200513  
301 South Park Avenue 4<sup>th</sup> Floor  
Helena, Montana 59620-0513  
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E-MAIL dlibsmed@state.mt.us  
WEBSITE: www.discoveringmontana.com/dli/med

## Endorsement Application

☐ Endorsement Fee - \$10.00

**PLEASE TYPE OR PRINT IN INK.**

(Please allow 10-15 days for processing from the date that the Board has a completed application)

1. FULL NAME: \_\_\_\_\_  
Last First Middle
2. HOME ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip
- PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS \_\_\_\_\_
3. TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business Home Fax
4. SOCIAL SECURITY NUMBER \_\_\_\_\_ FOREIGN ID NUMBER \_\_\_\_\_
5. LICENSE # \_\_\_\_\_ LICENSE TYPE: ☐ First Responder ☐ Basic  
☐ Intermediate ☐ Paramedic

*I hereby declare under penalty of perjury that any information included in this application to be true and complete to the best of my knowledge. I have read and am familiar with the applicable licensure laws of the State of Montana.*

\_\_\_\_\_  
Signature of Applicant

**Every endorsement(s) requested require an attached copy of the  
"Verification of Course Completion Form".**

**\* Attach the "Verification of Course Completion Form" for each endorsement you are requesting.**